

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

12/54/94/11

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		/				
4		/				
5	/					
6	/					
7	/					
8		/				
9		/				
10	/					
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44		/				
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46	/					
47	/					
48	/					
49		/				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	21	↓		↓		↓
TOTAL DEP.	64	←		←		←
TOTAL CLAIMS	85					